

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/161,257
	Filing Date	September 25, 1998
	First Named Inventor	Omar M. Buazza
	Art Unit	---
	Examiner Name	Mathieu D. Vargot
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 16571

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

16571

OR

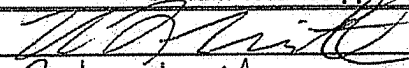
<input checked="" type="checkbox"/> Firm or Individual Name	Himanshu Amin, LLC		
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Robert Miniotti		
Date	8/21/12	Telephone	401-862-0856

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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